

FILED MAY 20 1945

State File No. \_\_\_\_\_

Registration District No. 229

Primary Registration District No. 4343

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town New Florence Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town New Florence Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: JEFFERSON STERLING LEE LOGAN

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month April day 15  
year 1945 hour 11 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mena Logan 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased no (Month) (Day) (Year) 1862

21. I hereby certify that I attended the deceased from May 2 1943 to April 15 1945  
that I last saw him alive on April 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration Sudden  
Due to chronic myocarditis ?

Due to chronic nephritis ?

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none Of autopsy none PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James O. Helm (M. D. or other) \_\_\_\_\_  
Address New Florence Mo Date signed 8-17-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

11. Industry or business Christopher Logan  
12. Name Irland County  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Louise Patton  
15. Birthplace state of Mo (City, town, or county) (State or foreign country)  
16. (a) Informant Clarence Logan  
(b) Address New Florence Mo  
17. (a) Burial (b) Date thereof Apr 18 1945 (Month) (Day) (Year)  
(c) Place: burial or cremation New Florence County  
18. (a) Signature of funeral director Jamarlaw  
(b) Address Montgomery Co Mo  
19. (a) April 17 1945 (b) Mrs. Elmer Kneifel (State received local registrar) (Registrar's signature)

1061

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-28-45

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Joseph A. Marlow  
Licensed Embalmer No. 3658

P. O. Address Montgomery City

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**